



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 12/10/21Name Godz Kidz Day Care License No. 29CDPFA-0470

Address _____

Center/Organization/Individual _____

Purpose Follow up Director _____

Mileage Start _____ Mileage End _____

County Hawamba Telephone No. _____

Time In _____ Time Out _____ Total Time _____

Findings/Comments

Items were received to complete the
renewal process.

- form #333
- * 4 weeks of menus

Center Director/Designee/Individual

Mary Clark
Child Care Representative

White Copy - Facility File
Yellow Copy - Operator